

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

Commonwealth	
of Massachusetts	70,
File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.	TOWN OLE
Fill in dates: Month Date Year Month Reporting Period Beginning Date Year Ending	Date Year
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election	yeai-effd report □dissolution
Coninne Robbiley Full Name of Candidate (if applicable) Committee	e Name
School Committee Member Office Sought and District Name of Commit	tee Treasurer
Residential Address Committee Mail	ling Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilitic campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the resigned under the penalties of perjury:	es for this reporting period and represents the
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN	N BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a transce activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirement contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a transce activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the recommittee in accor	rue and complete statement of all campaign for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipover \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need on itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons we contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a propulation of page.

Date Receive	each page. Name and Residential Address d (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more
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)
	Total receipts in excess of \$50 (or listed above)		+	Vigo
	Total receipts \$50 and under* (not listed above) TOTAL RECEIPTS IN THE PERIOD		_	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemize above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting perio Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$5 Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a panumber on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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	0 8	2 0	,	
		Line 12: E.	xpenditures over \$50	
	2	Line 13: Ex	xpenditures \$50 and under*	
Ent	er on page 1, line 4	Line 14:T	OTAL EXPENDITURES	

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
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300	2		
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	• • • • • • • • • • • • • • • • • • •		
			= *
		Line 15: In-kind over \$50	
*	୍ଷ ପ୍ର ଅ	Line 16: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

· .			2 <u>1</u>	8
Date Incurred	To Whom Due	Address	Purpose	Amount
omego b				·
*** **		g = 42		-
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	//~

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

		1 /	-	File with: City or Town Clerk of	r Election Commission
Fill in Re	eporting Period dates: Beginning Date:	1/20/19	Ending I	Date 15 LAN /2/A	P532
Type of R	Report: (Check one)				FFICE
	preceding preliminary 8th day preceding election	☐ 30 day	y after election	TOWN OF SAUGUS, N	ASS dissolution
			,	The year and report [
	Jeanete Meredish		Schoo	Committee	
	Candidate Full Name (if applicable)			Committee Name	
		7	V		
	Office Sought and District		Nar	me of Committee Treasurer	
[/	5 Dalest	7			
	Residential Address	7	Co	ommittee Mailing Address	
Telephone Nu	umber (optional): 781-307-3402	Telephon	ne Number (optional):		
Г	SUMMARY BALAN	ICE INEO	DMATION.		
	SUMMART BALAN	CEMPO	KWIATION:		
	Line 1: Ending Balance from previous report			0	
	Line 2: Total receipts this period (page 3, line 1	1)		Λ	
	Zine 2. Total receipts this period (page 3, line 1	1)		0	
	Line 3: Subtotal (line 1 plus line 2)			0	
6	Line 4: Total expenditures this period (page 5, 1	ine 14)		Δ	
	18 , cuc	, 4		0	
2	Line 5: Ending Balance (line 3 minus line 4)			0	
	Line 6: Total in-kind contributions this period (page 6)		\circ	
					i i
d	Line 7: Total (all) outstanding liabilities (page 7)	7)		0	
	Line 8: Name of bank(s) used:		The state of the s	Al Walter Brown programmy	
L 661 1: 60					
I certify that I h	committee Treasurer: have examined this report including attached schedules and it is, to the b	est of my knowl	ledge and belief, a true	and complete statement of all	campaign finance
activity, includ finance activity	ling all contributions, loans, receipts, expenditures, disbursements, in-kin y of all persons acting under the authority or on behalf of this committee	d contributions in accordance w	and liabilities for this with the requirements of	reporting period and represents of M.G.L. c. 55.	the campaign
Signed under (the penalties of perjury:	. 1	(Treasurer's	signature) Date:	
FOR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)			
I certify th activity, of	e with Committee and no activity independent of the committee nat I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in my liabilities nor made any expenditures on my behalf during this reportion.	accordance with	nowledge and belief, a the requirements of I	a true and complete statement of M.G.L. c. 55. I have not receive	fall campaign finance and any contributions,
Candidate I certify th finance act	e without Committee OR Candidate with independent activity filing nat I have examined this report including attached schedules and it is, to trivity, including contributions, loans, receipts, expenditures, disbursement finance activity of all persons acting under the authority or on behalf of	separate repor he best of my kints, in-kind cont	nowledge and belief, a	es for this reporting period and r	all campaign epresents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
The state of the s			
	10 Mg		
	7:17		
ne 9: Total Recei	pts over \$50 (or listed above)		
ne 10: Total Rece	ipts \$50 and under* (not listed above)		()
ne 11: TOTAL F	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		T.	
Line 9: Total Recei	pts over \$50 (or listed above)		<u> </u>
Line 10: Total Rece	ipts \$50 and under* (not listed above)		1/) 4/
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Palu	(alphabetical listing)	Aduress	rurpose of Expelluture	Amount
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	MATERIAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH			
		1. 14 T 1. 3		
		Line 12: Total Expenditures over	er \$50 (or listed above)	
λ ^	n			
()		Line 13: Total Expenditures \$50 and under* (not listed above)		
1 / 1	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	UDEC IN THE DEDICE	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		3. ² >		
		William Co.		
	\bigcap	Line 12: Expenditures over \$50	(or listed above)	
1	()	Line 13: Expenditures \$50 and t	under* (not listed above)	
All		Line 14: TOTAL EXPENDIT		

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 5

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	Tion whom received	Trestation 1 to 3 to 5		
		(Mile)		
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		+ ([3]] ;		
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A control of the cont				
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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Page 7



Treasurer's signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

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		1	_	Y	-	-

Commonwealth of Massachusettu	RECEIVED
File with: City or Town Clerk or Election Commission Please-print or type all in	formation, except signatures A JAN 21 A 9: 42
Fill in dates: Month Date Ye Reporting Period Beginning / 20 201	Ending TOWN COUNTY SAUGUS, MASS
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	on □30 day after election ☑year-end report □dissolution
Full Name of Candidate (if applicable) School Committee	Committee Name
Office Sought and District 403 LNCOLN AVE Residential Address	Name of Committee Treasurer Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALAN Line 1: Ending balance from prev	NCE INFORMATION: vious report \$ 0
Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2)	(page 2, line 11) \$ O
Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus l	TO THE PARTY OF TH
Line 6: Total in-kind contributions the Line 7: Total (all) outstanding hisbilic Line 8: Name of bank(s) used	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf of Signed under the pena	

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
☐ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:
Signed under the penalties of perjury:
1/1/2000
Date



City or Town of: SAUGUS

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

	rting Period dates: Beginning	10'	WALDE SAUGUS, MASS.
8th day 1	eport: (Check one) preceding	lection 30th day following election (Town or Special)	Year-End Report)
. I certify that . I certify that and do not	G.L., Chapter 55: at I am a candidate for or hold Municipal at I have not received any contributions, a have a campaign fund in existence. at I do not have a political committee.	Office. made any expenditures, or incurred any obli	igations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
DITTE	Signed under the penalties of perjury	(Street and Number)	,
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